

A New Lease on Life

Arlington County CSB, Alexandria CSB, and Arlandria
Neighborhood Health Systems, Inc
Arlington, VA and Alexandria, VA
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Population of focus

- Addressing health disparities in the **LBGT population** is a priority for our partner organizations and for SAMHSA
- Specific groups within the LBGT population have higher risk factors for both chronic medical illnesses, substance use disorders, and mental health concerns
- LBGT individuals may have specific service programming needs

• See Substance Abuse and Mental Health Services Administration, *Top Health Issues for LGBT Populations Information & Resource Kit*. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Population of focus

- A 2013 Gallup poll found that the DC metropolitan area ranked in the top ten for prevalence for individuals identifying as LBGT, at 10%
- In the state of VA, 2% of the population identify as LBGT
- Extrapolating this % to our systems, we estimate that that between 2 – 10% of our clients will be LBGT
- ["LGBT Percentage Highest in D.C., Lowest in North Dakota"](#). *State of the States*. Gallup Politics. 15 February 2013.

Engagement strategies

- HIV specialist at Arlington CSB on the SAMHSA LBGT working group
- County leadership supports LBGT equality through non-discrimination hiring clause
- “Rainbow Tuesdays” at Alexandria Health Department
- Arlington is a member of the Gay Men’s Health Collaborative of Northern VA
- Collaborating with INOVA Juniper (largest HIV provider in Northern VA)
- LBGT newspaper now delivered for Arlington waiting room.
- LBGT support group
- Education sessions for staff (LBGT 101)



Challenges and Barriers

- Need for increased understanding of the different risks LGBT individuals face relating to substance use, mental health, and physical health concerns
- Staff discomfort with asking about this information (e.g. fears that the client would become offended or angry)
- Challenges with adding more data to collect and more programs (in an already overwhelmed work force!)
- Conflicting priorities and overstretched resources
- Homophobia in the macro community



Data and collection measures

- None of the three organizations in our partnership were systematically collecting data re: gender identity or sexual orientation in a structured data format
- We solicited input on question to add to our NOMS interview, and added it to our interview

Data and collection measures

- Of the 182 enrolled, 4% identified as LBGT (8 clients)
 - 2 Caucasian males
 - 2 African American males
 - 3 African American females
 - 1 Hispanic male
 - 3 preferred not to answer
- Going forward, the number of LBGT clients will be monitored to ensure that we are adequately engaging LBGT individuals
- Health outcomes for LBGT clients will be compared to the overall health outcomes to identify particular disparities

Successes to date

- 20 staff members attended the LBGT 101 run by the HIV outreach coordinator in Arlington
- Article written in Arlington Gay and Lesbian Alliance (AGLA) about LBGT health
- 3 – 11 clients regularly attend the LBGT support group
According to one client: *“This is the first time I can talk about my mental health and being gay at the same time.”*
- Only 3 clients have preferred not to answer the question regarding sexuality during the baseline interview process
- These initiative have begun important dialogues among staff at all levels to begin to address some of the barriers

Next steps

- A focus group is being planned with known LBGT clients in our organization regarding integrated care
- Eventually the goal will be to systematically obtain this information for our organization (not only those being enrolled in our integrated care project)
- Other activities planned include:
 - A hepatitis day (rapid screening, educational games in the waiting room)
 - Partnering with INOVA Juniper for on-site HIV testing
 - Outreach for LBGT awareness during October (Awareness month) and June (Pride month)